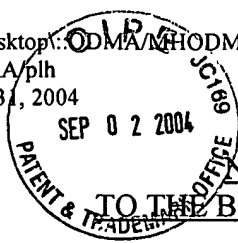


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NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicants: Pablo Tamayo, Jill P. Mesirov, Eric S. Lander and Todd R. Golub

Serial No.: 09/525,142 Group: 1631

Filed: March 14, 2000 Examiner: Shubo Zhou

Confirmation No.: 8330

For: Methods and Apparatus for Analyzing Gene Expression Data

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
Aug 31, 2004 Date	Patricia L. Hillery Signature
Patricia L. Hillery Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated June 3, 2004, of the Examiner finally rejecting claims 1-18 and 62. The item(s) checked below are appropriate:

1. ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [] for [] month(s) from [] to [].
2. ☐ A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
☐ Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

09/03/2004 WABDELRI 00000057 09525142

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4. Fees are submitted for the following:

<input type="checkbox"/>	Extension of Time for [] month(s)	\$	_____
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension ([] mo.)	\$	_____
	Less fee paid ([] mo.)	- \$	_____
	Balance of fee due	\$	0
<input checked="" type="checkbox"/>	Notice of Appeal	\$	330
<input type="checkbox"/>	Other _____	\$	_____
	TOTAL	\$	<u>330</u>

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$330 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Mary Lou Wakimura
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Date: 8-31-04